## North Carolina Child Support Enforcement Office AUTHORIZATION FOR AUTOMATIC DEPOSIT OF CHILD SUPPORT

## PARTICIPANT INFORMATION

NAME		
SOCIAL SECURITY NUMBER	(First) MPI#	(MI)
HOME PHONE: WOR	RK PHONE:	
INSTRUCTIONS: Use this form to request automa report bank change. The deposit information will be automatic deposit is made. If you have a checking a transit number and account number.	e confirmed through the banking system b	pefore the first
Check One: Initial Request Bank	Change Cancellation	
I authorize the North Carolina Child Support I deposits to the bank account listed below. The until I cancel the authorization and the CSE has cancels any other automatic deposit authorization.	e CSE may make deposits to this band as time to process the cancellation. T	k account
Check One:		
Checking Account. Please attach a voide Savings Account If this is a savings account number in the following spaces:		
Routing # Accoun	t #	
To ensure that the money is deposited into the number here:	- · · · · · · · · · · · · · · · · · · ·	r account
Bank Name	Bank Location	
Signature	Date	
Please allow 3 to 4 weeks for Direct Deposit t receive your support checks in the mail.	to take effect. In the meantime, you w	ill continue to
MAIL COMPLETED FORM TO: NCCSE – EFT PO Box 19807	OFFICE USE ONLY Date Received	
Raleigh, North Carolina 27619	or Fax this form to: 919-212-4	<b>4169</b>

**DIRECT QUESTIONS TO:** 1-800-992-9457